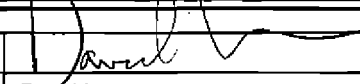
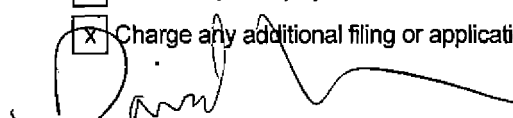


<b>Effective on 12/09/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/708,441-Conf. #2440
		Filing Date	March 3, 2004
		First Named Inventor	Peter Ohnemus
		Examiner Name	D. S. M. Meinecke
		Art Unit	3694
TOTAL AMOUNT OF PAYMENT		(\$)	400.00
		Attorney Docket No.	20118/0200853-USO

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account    Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby &amp; Darby P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
	FILING FEES		SEARCH FEES		EXAMINATION FEES			
		<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>	
Utility	300	150	500	250	200	100	_____	
Design	200	100	100	50	130	65	_____	
Plant	200	100	300	150	160	80	_____	
Reissue	300	150	500	250	600	300	_____	
Provisional	200	100	0	0	0	0	_____	
<b>2. EXCESS CLAIM FEES</b>								
						<u>Small Entity</u>		
						<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues)						200	100	
Multiple dependent claims						360	180	
<u>Total Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
63		- 55 = 8	x 50.00 =	400.00	<u>Fee (\$)</u>		<u>Fee Paid (\$)</u>	
HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims</u>		<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
7		- 7 = 0	x 200.00 =	0.00				
HP = highest number of independent claims paid for, if greater than 3.								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
_____		- 100 = _____	/50 _____ (round up to a whole number) x		_____	= _____		
<b>4. OTHER FEE(S)</b>								
Non-English Specification, \$130 fee (no small entity discount)						<u>Fees Paid (\$)</u>		
Other (e.g., late filing surcharge): _____								

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	36,195
Name (Print/Type)	David Leason	Telephone	(212) 527-7700
		Date	April 5, 2007

AMENDMENT TRANSMITTAL LETTER				Docket No. 20118/0200853-USO			
Application No. 10/708,441-Conf. #2440		Filing Date March 3, 2004		Examiner D. S. M. Meinecke		Art Unit 3694	
Applicant(s): Peter Ohnemus et al.							
Invention: SUSTAINABILITY RATINGS AND BENCHMARKING FOR LEGAL ENTITIES							
<b>TO THE COMMISSIONER FOR PATENTS</b>							
Transmitted herewith is an amendment in the above-identified application.							
The fee has been calculated and is transmitted as shown below.							
<b>CLAIMS AS AMENDED</b>							
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate			
Total Claims	63	- 55 =	8	x	50.00	400.00	
Independent Claims	7	- 7 =	0	x	200.00	0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>							
Other fee (please specify):							
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>						<b>400.00</b>	
<input checked="" type="checkbox"/> Large Entity				<input type="checkbox"/> Small Entity			
<input type="checkbox"/> No additional fee is required for this amendment.							
<input type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ _____.							
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.							
<input checked="" type="checkbox"/> Payment by credit card.							
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-0100</u> as described below.							
<input checked="" type="checkbox"/> Credit any overpayment.							
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.							
 David Leason Attorney/Agent Reg. No.: 36,195				Dated: <u>April 5, 2007</u>			
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7700							